

Borough of



Taunton.

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# ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

EDUCATION COMMITTEE

For the Year 1923.

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Taunton :

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# Staff of School Medical Department.

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## *Medical Officer:*

JOHN ALLEN, M.B., Ch.B., D.P.H.

## *Ophthalmologist:*

G. P. HAWKER, M.D.

## *Dental Surgeon (part time):*

A. J. PERCY, L.D.S., R.C.S. Eng.

## *School Nurses and Attendance Officers:*

Miss L. E. COLLINS (till 30th Sept., 1923).

Miss S. B. COLLINS (from 17th Sept., 1923).

Miss J. BELLCHAMBERS.

## *Dental Nurse (part time):*

Miss A. E. CUMSTOCK.

## *Clerk:*

ARTHUR W. GOOD, C.R.S.I.

## *Employment of Children Officer:*

P.C. ROBERT WOOLCOTT.



# School Medical Officer's Report.

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School Medical Department,

Corporation Street,

Taunton,

11th January, 1924.

## **The Chairman and Members of the Education Committee, Taunton.**

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you my fifth Annual Report of the work of this department for the year ending 31st December, 1923.

For reasons which I give on page 10 it was decided to alter the system whereby children due for inspection in the three age groups were selected by the teachers. As a result it was found that a large number of children had been missed. These were all examined and as a result the number inspected increased by 50 per cent. The proportion found to have defects requiring treatment was 18.3 per cent., but 88.6 per cent. of these had been treated by the end of the year.

The attendance of a parent at the school for the inspection is of the greatest value and I am pleased to report that the percentage present has increased to 64.7 from 55.8 in 1922.

The new clinic was opened on the 1st September and it is a very great improvement on the rooms used in the Technical Institute. I hope that the parents will regard this as a Health Centre where they can bring their children for examination when worried about some defect or symptom. Nurse L. A. E. Collins retired on 30th September after devoting over ten years to the service of the children; her work was of the highest value to them and I regret that failing health and the trying nature of the work rendered this inevitable; her sister, Miss S. B. Collins, has succeeded her.

The provision of free meals has continued (with an interval during the summer) and has been of very great benefit to the children attending. This department is glad to have the responsibility of the administration of the Canteen, although it has caused a very considerable increase especially in the clerical work.

As very few homes inhabited by the children attending the Elementary Schools have any facilities for bathing, their cleanliness is a tribute to their parents, but I feel sure that public baths with a swimming pool are badly needed and that these would be of the very greatest benefit.

The Board of Education have (in Circular 1321) decided to alter the forms in which the particulars of the work done are stated, but as this Circular was only received on 4th January and as these particulars were then almost completed on the previous system, I regret that I am not able to present these on the new system for 1923.

I am, Ladies and Gentlemen,

Your obedient Servant,

JOHN ALLEN.





# Report of the School Dental Officer.

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**To The Mayor, Aldermen and Burgesses of the Borough of  
Taunton.**

MR. MAYOR, LADIES AND GENTLEMEN,

During the year the work at the Dental Clinic has continued to progress satisfactorily, aided by the more ideal conditions at the new clinic opened on 1st September. The attendance would have been even better but for the fact that on the same date a system of compulsory payment for all except necessitous cases was commenced at the request of the Board of Education. Under these conditions I would estimate that my third round of inspection and treatment will take twelve months. This was the ideal which I hoped to attain, but not of course through the medium of the non-attendance of those children actually referred for treatment, but who do not attend for this owing to the fact that payment has to be made.

The last round of inspection and treatment took 17 months as compared with two years for the round before.

The number of children inspected was 1,804, 546 of these children had teeth in perfect condition whilst 1,258 were referred for treatment.

During the year the total attendances at the clinic numbered 2,492, permanent fillings numbered 1,025, temporary fillings 226, and extractions 1,510.

The payments made by parents amounted to £11 1s. 6d., while 59 children were treated free.

I am, Ladies and Gentlemen,

Your obedient Servant,

A. J. PERCY.

# Annual Report of the School Medical Officer for the Year 1923.

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## ADMINISTRATION.

### Staff.

This remains the same in number, but a change in the personnel has taken place. Nurse L. A. E. Collins retired in September and was succeeded by her sister, Miss S. B. Collins. The complete list is given on page 3.

The combination of Nurse and Attendance Officer continues to prove most valuable. All the clerical work is done in the offices, which are also the Public Health and Maternity and Child Welfare Departments.

### Co-ordination with other Services.

The School Medical, the Public Health and Maternity and Child Welfare Departments are all administered through one officer, as I am also Medical Officer of Health and Medical Officer for Maternity and Child Welfare. When the child attains school age the record of his progress kept from birth by the Health Visitor is passed on to the School Medical record. There is a gap between the age of 3 and 5 if the child does not attend school until attaining that age for it is not possible for the Health Visitor to continue visiting after the child has passed the age of three years. The administration of the Provision of Free Meals Acts is also performed by this department while the fullest use is made of the Tuberculosis Officer of the Somerset County Council.

The co-operation of Teachers is most important and they have been helpful in many ways. They are now given a list of all the children who should wear glasses and report at once any loss or damage to these.

### School Sanitation.

Reports have been made during the year on the condition of all the schools.

The ventilation of the class rooms in St. James' Mixed and Infants' Departments is still very unsatisfactory but the heating apparatus has been repaired.



The heating of North Town Infants' School is defective. Records of temperature in the class rooms show that even with two boilers working, during the cold weather in November the temperatures were 48° F. The minimum temperature advisable is 55° F.

The water closet accommodation at Holy Trinity Schools is insufficient and unsatisfactory, these are of the trough type and of an old pattern. They are in a very confined space and there are not enough seats. The urinal space for the boys is too small also.

### Infectious Diseases.

Whooping Cough and Measles were epidemic in March and April and it was found necessary to close several infant schools for varying periods, while all the infants' schools were closed between 11th April and 25th April. The Sunday School Superintendents were all informed of this and their co-operation sought, this was given with a few exceptions. I regret these exceptions, for the benefit accruing was considerably lessened, one being almost the largest Sunday School in the town.

The Nurses notify to me at once any child whom they suspect is suffering from an infectious disease and is without medical attendance. By these means I received notification of:

Measles	...	...	...	...	39
Whooping Cough	...	...	...	...	62
Chicken Pox	...	...	...	...	17
Scarlet Fever	...	...	...	...	9
Diphtheria	...	...	...	...	7

The cases of Scarlet Fever and Diphtheria might otherwise never have been detected and have given rise to many others in school.

### MEDICAL INSPECTIONS.

Every child attending a Public Elementary School should have a complete medical examination at least three times between first going to school as an infant and finally leaving at the age of fourteen; the first examination is made as soon as possible after entry at the age of 3 to 5 years, the second is made between the age of 8 and 9 years and the third on attaining the age of 12 years.

The object of these examinations is (1) to discover disease or defect in its earliest stages; (2) to provide the parents and Education Authority with facts as to the physical and mental condition of the children and their needs.

The system by which the children in the three age groups were nominated for inspection by the teachers has proved unsatisfactory. There were wide variations in the numbers submitted by the same schools for the same groups of children in successive years, while from the card records it also appeared that children were being missed. The system was therefore altered at the commencement of this year. A list was obtained from each school of all the children on the register and their birth dates. A medical history summary card was then made out for each child and this is kept accurate by monthly returns from each school, giving the name, ages and previous school of each child admitted. The list of children due for examination under any age group is then made out by this department and sent to the school. It was found that many children had never been examined under the previous system, these were all examined, hence the number of children inspected this year numbers 1,250 as compared with 799 in 1922, an increase of over 50 per cent. It should also be understood that any child will be examined at any age if brought to the Clinic between the hours of 9 and 10 in the mornings; there is no need to get anyone's permission to do this, nor is there any charge. The number of visits paid to the schools for the routine inspections was 62, the average number examined per visit was 20.

### **Co-operation of Parents.**

An invitation to attend the medical inspection is sent to the parents by the teachers. This invitation states the time and date at which the inspection will take place and every possible encouragement is given to induce the parents to attend; in some cases where a serious defect is found and the parent has not attended the child has been sent home to bring one parent back. The number of parents attending was 708, equivalent to 64.7 per cent. of the children examined. This is a gratifying improvement on the 55.8 per cent. for 1922.

### **Co-operation of Voluntary Bodies.**

The voluntary bodies in this area associated with child welfare are the National Society for Prevention of Cruelty to Children, the Somerset Association for the Care of the Mentally Defective, and the Taunton and District Tuberculosis Care Committee. The help of the N.S.P.C.C. has been sought in several cases. The Somerset Association for the Care of Mentally Defectives provide an Occupation Centre open on two days per week



at the Young Women's Christian Association in Mary Street. This is for the training of low grade mentally defective children and imbeciles. Miss Penrose as Instructress is doing most valuable work. The Taunton and District Tuberculosis Care Committee continue to provide extra nourishment and clothing to children needing these and are of very great assistance.

## THE FINDINGS OF MEDICAL INSPECTION.

### Uncleanliness.

The number of children found to be infested with lice or fleas shows gradual diminution, from 4 per cent. in 1921, 3 per cent. in 1922, to 1.7 per cent. in 1923. There are still a few families with whom the most persistent efforts succeed in effecting only a temporary clean up. When however one considers that a very large number of these families live in houses without a water supply and wash up sink the results redound to their credit.

### Diseases of the Nose and Throat.

It is very difficult to convince the parents that enlarged tonsils and adenoids may sometimes require removal. I am convinced that a very large proportion of the cases of adenoids are due to the neglect of the nose blowing habit. Most children have to be taught to do this effectively. It is difficult when the child is in the infant school to keep replacing lost handkerchiefs, but many children are not taught to use them at all and when asked to blow their nose reply with a vigorous or half-hearted inward sniff. The nasal passage cannot fulfil its purpose as a filter and warmer of the air breathed into the lungs when choked with mucus, and a growth of adenoid tissue and tonsil results. I have spent much time in urging these principles on the parents and kept a number of children under observation to see the results.

### Heart and Circulation.

The proportion of children found suffering from organic disease of the heart is about 1.2 per cent., which considerably exceeds the 0.7 per cent. for the country as a whole. That for functional disease is slightly less than 0.6 per cent., as compared with 0.8 per cent. for the whole country. Some further enquiry into the causation of this is necessary.

**Tuberculosis.**

There exists a very justifiable anxiety among the parents as to the existence of this disease, particularly in the pulmonary form, among their children and a very careful examination of the chest is made in all such cases. If any suspicious symptoms or signs are found the parent is advised to take the child to the Tuberculosis Officer or to the general practitioner, a letter stating the suspicious signs is provided. The Tuberculosis Officer replies invariably and notifies all definite cases. He makes arrangements for the treatment and attendance at the Dispensary and possibly admission to a Sanatorium and also the desirability as to attendance or exclusion from school.

The number of children not in attendance at the ordinary schools on account of pulmonary tuberculosis number 16, a proportion of 5.2 per thousand of the school population, this compares very badly with the similar proportion of 1.5 per thousand of the school population of the whole country.

**Visual Defects.**

Good eyesight is one of the most important assets to the school child, without it the child is handicapped in his efforts to learn. It is much more difficult to impress the necessity for this on the parents than for instance the need to obtain treatment for consumption of the lungs. Of the 1,250 children examined at the routine inspections, 133 or 10.6 per cent. were found to have poor eyesight, and of these 101 or 8 per cent. were found to require treatment.

The arrangements for the discovery and treatment includes firstly, the examination by test types of all children able to read these; those found to have eyesight 1/3rd normal or worse are advised to see the oculist. Dr. G. P. Hawker, of Exeter, paid seven visits during the year. He examines about 16 to 20 cases per day of two sessions. Of the 152 children referred for examination 137 were examined by him; 113 were found to require spectacles and 112 obtained these. Ten other children were examined by private practitioners or at the Hospital and received treatment. The difficulties are not by any means overcome when the child has been prescribed and provided with spectacles, for re-inspection shows that many will not wear them and that those worn are subjected to many vicissitudes such as breakage of the lenses or frames, complete loss, or twisting of the frames, frequent re-inspection is therefore most necessary. Of the 112



new pairs supplied, 22 were given free of all cost, 9 on payment of part of the cost and for 81 the parents paid the whole cost.

### FOLLOWING UP.

It is seldom sufficient when a defect is found in a child to explain the nature of this to the parent and also the advisability of obtaining treatment for it. Some parents obtain this at once, others think about it and hesitate, others again do nothing at all and in the meantime the child suffers. It is therefore necessary for the nurse to visit the homes of all children found to require treatment and find out what has been done. Towards the end of the year I re-visit all the schools and take to each school the record cards of children known to be defective and requiring observation or treatment. These children are then re-examined; this list includes all those with bad eyesight and all consumptives. As an example a child seen at a routine inspection may have had enlarged tonsils and require observation, at the re-inspection these are found to be still larger, the parent is then sent for and if it is not possible to see her then an appointment is made later at the clinic and the increase in size pointed out. Some children are not at school when the visit is made, in such cases a letter is sent to the parents by post inviting their attendance with the child at the Clinic. Other children have transferred schools, these are seen at the other school or at the Clinic.

As an instance of following up I give some particulars of one boy C.H.

He was first examined at a routine inspection in May, 1920, found to have bad eyesight and referred to the oculist. His eyes were examined in November, 1920 and spectacles prescribed, some delay occurred in his going to be fitted for these, the parents could not afford to pay and they were at last persuaded to complete an income form which enabled them to be issued free of cost. The spectacles were then issued in January, 1921. In October, 1921, the School Canteen opened and he commenced to attend. In September, 1922, he was seen at the Clinic and found to have some suspicious signs in the chest. His mother was advised to take him to the Tuberculosis Officer, this she did and the Tuberculosis Officer promptly notified him as suffering from Phthisis but that he should attend school as his condition was not infectious and his home circumstances included a house



without through ventilation, his mother being a widow with a very small income. Here the Tuberculosis Care Committee entered and supplied the boy with one pint of milk per day. In October, 1922, he broke his spectacles and within ten days these were repaired and re-issued free of cost. In November, 1922, he broke his spectacles again and these were again repaired. In June, 1923, he lost his spectacles and he was re-examined by the oculist who altered the prescription and new spectacles were provided free in July. In March, 1923, he was found to have Scabies, it was therefore necessary to exclude him from the School and School Canteen; he was treated at the Clinic and cured in 14 days. In October, 1923, he was re-examined. He is still under the Tuberculosis Officer, still having free dinners at the Canteen, putting on weight slowly and his chest clearing up.

### MEDICAL TREATMENT.

The parent of the child found to have some defect requiring treatment may obtain it from one of the following:—

- (1) The private medical practitioner (*a*) club (*b*) privately.
- (2) The Taunton and Somerset Hospital (*a*) recommends (*b*) per Local Education Authority for Tonsils and Adenoids.
- (3) The Tuberculosis Dispensary (*a*) per private practitioner (*b*) per School Medical Officer.
- (4) The Venereal Diseases Clinic.
- (5) The Poor Law Medical Officer.
- (6) The School Clinic, for minor ailments, dental disease and defects, and defective vision.

The outstanding fact as regards medical treatment is that out of 229 children found during routine inspection to have some defect requiring treatment, 203, or 88.6 per cent. had obtained treatment for these defects by the end of the year as compared with 76.1 per cent. for 1922.

The facilities available cover all the ordinary requirements but some cases requiring special orthopædic treatment have gone to other towns for this

### The School Clinic.

A new building constructed for this purpose was opened on 1st September, 1923. This is at the rear of the Health Offices

and consists of a large waiting room and opening off it a room for dressings, a room for the Medical Officer convertible into a dark room for the Oculist and a room for the Dental Surgeon. It is heated by hot water radiators while boiling water for dressings, etc., is obtained from electrically heated geysers.

This is a great improvement on the premises vacated in the Technical Institute. The attendances during the year totalled 4,943, an increase of 1,086 on the attendances during 1922.

The functions of the School Clinic are briefly :—

(1) A treatment centre for :—

- (a) Minor ailments, such as skin diseases, minor injuries, discharging ears and sore eyes, etc.
- (b) Conditions requiring treatment by an expert, such as defective vision.
- (c) Dental defects and diseases.

(2) A Health Centre.

The Clinic is open daily during school periods from 9 a.m. to 10.30 a.m. and here any teacher or parent may bring a child for examination and I should like the parents especially to make a fuller use of the Clinic for this purpose. There is no need to get anyone's permission and if the child is attending school an attendance at the Clinic counts as an attendance at school, the child therefore does not even miss being marked present.

### **Tonsils and Adenoids.**

The arrangement with the Taunton and Somerset Hospital for the operative treatment of children suffering from this defect continues, but there is difficulty in getting the parents to take advantage of it. It is necessary first after convincing the parents that operative treatment is required to get them to consent to the operation. It is then necessary to have full particulars of the family and its income, after these have been ascertained the particulars are reported to the School Attendance Sub-Committee. On their approval the Hospital is asked to treat the child. Two children have received free treatment under this scheme. There are at least 35 children who need it but who have had no operative treatment, further following up will probably reduce this number but it is a slow progress and meanwhile the children are suffering.



## EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

No children under 14 years of age are registered for employment unless they have been medically examined by me and found fit. They are also re-examined at least once a year and the conditions of employment reviewed.

The employment of children on milk rounds has come into special prominence. The times during which children may be employed for this purpose are on ordinary days between 7 and 8 a.m. and Sundays 7.30 to 8.30 a.m. This period is of little use to the dairymen for the morning milk does not arrive from the farmer before 8 a.m. and in consequence the children were being employed after 8 a.m. and arrive at school late and tired. After reporting to this effect it was decided not to register any more children for employment on milk rounds and a warning letter sent to those employers of children already registered.

Two employers were prosecuted:—

- (1) W.G.D., a butcher, for employing an unregistered boy was fined 5/-.
- (2) C.H., a butcher, for employing an unregistered boy after being warned was fined 10/-.

The applications for registration and number passed as fit are:—

			Applications.		Found Fit.
Milk rounds	...	...	6	...	5
Errands	...	...	46	...	41
Street Trading		...	2	...	2

Police Constable Robert Woolcott acts as Employment of Children Officer and is responsible for the surveillance of the conditions under which the children are employed. His services have been most effective and valuable and as a result the conditions and regulations are now being more strictly enforced. The two prosecutions were taken at his instigation and on evidence supplied by him.

## PROVISION OF MEALS.

The object of the daily dinners supplied by the Education Committee is to enable those children who are underfed and therefore unable to benefit from the education to have this deficiency remedied and thus improve their physical and mental condition. It is not intended to supplant poor law relief.

The feeding centre was open six days per week during the year excepting the period during the summer holidays between 15th August and 1st October. It was closed on this date because less than 70 per cent. of the children entitled to attend were present. Dinners were served on 263 days and 15,663 meals were provided for 13,210 attendances. The average daily attendance per day open was 52. The number of individual children who were fed was 128.

Some reduction in the staff has taken place. It was decided when the number attending was less than 70 to manage with one woman helper only and Mrs. Fowler was in consequence discharged on 7th June. As the numbers were further reduced the services of Mr. Dainton who attended to maintain order and discipline were dispensed with on 15th August. The paid staff therefore consists of Mrs. Hitchcock, who prepares and cooks the meals and is responsible for the control of the children and marking the attendance register.

There has been no change in the administration, this is done by my department where all applications are made. The completed application is at once submitted to the Chairman of the Canteen Sub-Committee for his approval, and later to the Committee itself at its next meeting for their formal approval. The parents are at once informed by letter when their application has received the Chairman's approval and a list of the children is sent to the Head Teachers of the schools attended by the children. The teachers do not now assist as voluntary helpers.

Ladies from several organisations have rendered very valuable services by attending on a rota and serving the food. Among these are Miss Dodd, Mrs. Green, Mrs. Hudson, Mrs. Jillings, Mrs. Larway, Miss E. Potter, Miss J. Potter and Mrs. Smith. Mrs. Adams, Miss Godfrey and Mrs. Pearce are recent volunteers to fill the vacancies caused by the retirement of Mrs. Elliott and Mrs. Walker who have attended regularly each Saturday since the opening of the Canteen.

### **Menus.**

The dinner is served as a one course meal based on those given in Circular 856 of the Board of Education, with in addition two ounces of whole meal bread per child. Uncooked fruit such as apples or oranges is provided twice a week when possible. It is almost impossible to provide meals which will please all children all the time, some have most marked dislikes and will not eat suet, or beans or cooked vegetable such as carrot or turnip.

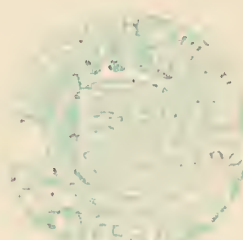
Every effort is made to persuade these children but some continue to pick out and leave one of these. One girl had been absent suffering from acute tuberculosis, she made some improvement and returned to school and the canteen, but she persistently refuses all animal fat and suet and thereby minimises her chances of recovery.

The cost of the 15,623 meals provided between 1st October, 1922, and 30th September, 1923, was £295 0s. 7d.

The cost per individual attendance was for food 1.7 pence and administration 2.8 pence, amounting to 4.5 pence altogether.

One parent was found to have obtained meals by giving an incorrect income. He was prosecuted on 9th May, 1923, and fined 10/- and ordered to repay the cost of the food supplied.

Mr. A. W. Good has been responsible for all the clerical work in connection with the provision of meals. He has voluntarily given much extra time and thereby helped very considerably.





# TABLES.

TABLE I.—Number of children inspected, 1st January, 1923,  
to 31st December, 1923.

## A.—Routine Medical Inspections.

Age	ENTRANTS.					
	3	4	5	6	Other Ages.	Total.
Boys ...	45	44	39	22	15	165
Girls ...	56	30	35	25	7	153
Totals ...	101	74	74	47	22	318

Age	Inter- mediate Group.	LEAVERS.			Other Ages.	Total.	Grand Total.
	8	12	13	14			
Boys ...	152	144	49	3	109	457	622
Girls ...	142	155	57	3	118	475	628
Totals ...	294	299	106	6	227	932	1250

## B.—Special Inspections.

		Special Cases (At School or Clinic).	Re-examinations (No. of Children Re-examined).
Boys ...	...	410	564
Girls ...	...	386	544
Totals ...	... ..	796	1108

C.—Total number of Individual Children inspected by Medical  
Officer whether as Routine or Special Cases (no Child  
being counted more than once in one year) ... .. 1924

D.—Parents present at Routine Medical Inspections ... .. 708

TABLE II.—Return of Defects found in the course of Medical Inspection in 1923.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. referred for treatment.	No. referred for observation.	No. referred for treatment.	No. referred for observation.
Malnutrition	...	...	...	...	5	2	2	10
Uncleanliness.								
Head	...	...	...	...	22	1	15	19
Body	...	...	...	...	8	...	5	7
Skin.								
Ringworm, Head	...	...	...	...	2	...	7	...
Ringworm, Body	...	...	...	...	...	...	8	...
Scabies	...	...	...	...	3	...	7	...
Impetigo	...	...	...	...	6	...	46	...
Other Diseases (Non T.B.)	...	...	...	...	10	2	72	...
Eye.								
Blepharitis	...	...	...	...	2	...	7	...
Conjunctivitis	...	...	...	...	2	...	9	...
Keratitis	...	...	...	...	...	2	...	2
Corneal Ulcer	...	...	...	...	...	...	4	1
Defective Vision	...	...	...	...	78	24	25	57
Squint	...	...	...	...	23	8	28	15
Other Conditions	...	...	...	...	...	1	5	2
Ear.								
Defective Hearing	...	...	...	...	5	2	2	1
Otitis Media	...	...	...	...	9	1	8	2
Other Diseases or Defects	...	...	...	...	3	...	2	...
Nose and Throat.								
Enlarged Tonsils	...	...	...	...	27	37	27	28
Adenoids	...	...	...	...	4	12	4	10
Enlarged Tonsils and Adenoids	...	...	...	...	2	5	...	3
Other Conditions	...	...	...	...	1	2	3	3
Enlarged Cervical Glands (Non T.B.)	...	...	...	...	...	9	2	...
Defective Speech	...	...	...	...	...	7	3	...
Teeth	...	...	...	...	11	...	3	...
Heart and Circulation.								
Heart Disease, Organic	...	...	...	...	3	12	1	15
Heart Disease, Functional	...	...	...	...	...	2	1	5
Anæmia	...	...	...	...	1	...	2	3
Lungs.								
Bronchitis	...	...	...	...	5	8	2	2
Other Diseases (Non T.B.)	...	...	...	...	...	1	1	1
Tuberculosis.								
Pulmonary Definite	...	...	...	...	8	25	11	42
Pulmonary Suspected	...	...	...	...	8	8	4	9
Non-Pulmonary, Glands	...	...	...	...	1	5	1	10
Skin	...	...	...	...	...	...	1	...
Spine	...	...	...	...	...	...	...	3
Hip	...	...	...	...	...	...	1	...
Other Bones and Joints	...	...	...	...	...	3	...	3
Other Forms	...	...	...	...	1	3	1	2
Nervous System.								
Epilepsy	...	...	...	...	...	...	1	4
Chorea	...	...	...	...	...	...	...	5
Other Conditions	...	...	...	...	...	1	...	...
Deformities.								
Rickets	...	...	...	...	1	2	...	4
Spinal Curvature	...	...	...	...	...	2	...	1
Other Conditions	...	...	...	...	...	9	7	12
Other Defects and Diseases	...	...	...	...	20	39	46	68
Employment	...	...	...	...	...	...	...	48
Foster Children	...	...	...	...	...	...	...	9
Canteen Children	...	...	...	...	...	...	...	88

Number of individual Children having defects which required treatment or to be kept under observation 1,141

TABLE III.—Numerical Return of all Exceptional Children  
in area in 1923.

	Boys	Girls	Total
<b>BLIND</b> (including partially Blind)—			
Attending Public Elementary Schools ... ..	...	...	...
Attending Certified Schools for Blind ... ..	2	...	2
Not at School ... ..	...	...	...
<b>DEAF &amp; DUMB</b> (including partially deaf)—			
Attending Public Elementary Schools ... ..	...	...	...
Attending Certified Schools for the Deaf ... ..	3	1	4
Not at School ... ..	...	1	1
<b>MENTALLY DEFICIENT</b> —			
<b>Feeble Minded :</b>			
Attending Public Elementary Schools ... ..	17	11	28
Attending Certified Schools for Mentally Defective Children ... ..	...	...	...
Notified to Local Control Authority by Education Authority during year ... ..	...	...	...
Not at School ... ..	3	1	4
<b>Imbeciles :</b>			
At School ... ..	...	...	...
Not at School ... ..	9	2	11
Notified to Local Control Authority ... ..	1	...	1
<b>Idiots :</b>			
Not at School ... ..	1	3	4
Notified to Local Control Authority ... ..	...	...	...
<b>EPILEPTICS</b> —			
Attending Public Elementary Schools ... ..	1	3	4
Attending Certified Schools for Epileptics ... ..	...	...	...
In Institutions other than Certified Schools ... ..	...	...	...
Not at School ... ..	1	1	2
<b>PHYSICALLY DEFECTIVE</b> —			
<b>Pulmonary Tuberculosis :</b>			
Attending Public Elementary Schools ... ..	30	27	57
Attending Certified Schools for Physically Defective Children ... ..	...	2	2
In Institutions other than Certified Schools ... ..	...	...	...
Not at School ... ..	9	5	14

TABLE III.—*contd.*

	Boys	Girls	Total
<b>Crippling due to Tuberculosis :</b>			
Attending Public Elementary Schools ... ..	10	4	14
Attending Certified Schools for Physically Defective Children ... ..	...	...	...
Not at School ... ..	1	3	4
<b>Crippling due to other causes than Tuberculosis :</b>			
Attending Public Elementary Schools ... ..	24	18	42
Attending Certified Schools for Physically Defective Children ... ..	...	...	...
Not at School ... ..	...	3	3
<b>Other Physically Defectives :</b>			
<b>Delicate and other suitable children for Open Air Schools, etc. :</b>			
Attending Public Elementary Schools ... ..	34	39	73
Attending Open Air Schools ... ..	...	...	...
Attending Certified Schools other than Open Air Schools ... ..	...	...	...
Not at School ... ..	3	5	8
<b>Dull or Backward :</b>			
Retarded 2 years... ..	Nil.	Nil.	Nil.
Retarded 3 years... ..	Nil.	Nil.	Nil.



TABLE IV.—A.

Treatment of Minor Ailments (at the School Clinic).

Disease or Defect	Number of Children			
	Referred for treatment	Treated		
		Under Local Education Authority's Scheme	Otherwise	Total
SKIN:—				
Ringworm of the Head ...	9	7	2	9
Ringworm of the Body ...	8	7	1	8
Scabies (Itch) ... ..	10	10	...	10
Impetigo ... ..	52	51	1	52
Minor Injuries ... ..	30	26	4	30
Other Skin Diseases ...	71	58	12	70
Ear Diseases and Defects ...	27	25	...	25
Eye Diseases (external and other) ... ..	29	23	3	26
Miscellaneous ... ..	143	47	86	133
	379	254	109	363



TABLE IV.—B. Treatment of Visual Defects.

Referred for Refraction.	Submitted to Refraction.				For whom glasses were prescribed.	For whom glasses were provided.	Recommended for treatment otherwise than by glasses.	Who received other forms of treatment.	For whom no treatment was considered necessary.
	Under L.E.A. Scheme.	By Private Practitioner or Hospital.	Otherwise.	Total.					
152	137	10	...	147	113	112	12	11	22

TABLE IV.—C. Treatment of Defects of the Nose and Throat.

Referred for treatment.	Received Operative Treatment.			Received other forms of Treatment.
	Under L.E.A.'s Scheme.	By Private Practitioner or Hospital.	Total.	
68	2	25	27	16

TABLE IV.—D. Treatment of Dental Defects.

1.—Number of Children dealt with.

	AGE GROUPS.										Specials.	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist	90	147	178	218	242	222	227	237	200	43		1804
(b) Referred for Treatment	62	116	133	169	170	160	140	149	130	29		1258
(c) Actually Treated	...	..	..	..	..	..	..	..	..	..		1061
(d) Re-treated* (result of periodical examination)	...	..	..	...	..	..	..	..	..	...		346

\*It is understood that cases in this head are also included under "c" above.

2.—Particulars of Time given and Operations undertaken.

Number of half-days devoted to Inspection Work.	Number of half-days devoted to treatment.	Total number of attendances made by Children at Clinic.	Number of Permanent Teeth.		Number of Temporary Teeth.		Total number of fillings.	Number of Administrations of General Anæsthetics included in 4 and 6.	Number of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
1	2	3	4	5	6	7	8	9	10	11
20	228	2492	53	774	1457	251	1025	—	226	—

TABLE V.

Summary of Treatment of Defects as shown in Table IV.  
(A, B, C, D).

Disease or Defect	Number of Children			
	Referred for treatment	Treated		
		Under Local Education Authority's Scheme	Otherwise	Total
Minor Ailments (A) ... ..	379	254	109	363
Visual Defects (B) ... ..	152	137	10	147
Defects of Nose and Throat (C) ... ..	68	2	25	27
Dental Defects (D) ... ..	1,258	1,061	...	1,061
Total ... ..	1,857	1,454	144	1,598

TABLE VI.

Summary relating to Children medically inspected at the Routine Inspections during the year 1923.

1. The total number of children medically inspected at the Routine Inspections ... ..	1250
2. The number of children in (1) suffering from:—	
Malnutrition ... ..	7
Skin Disease ... ..	23
Defective Vision (including Squint) ... ..	133
Eye Disease ... ..	7
Defective Hearing ... ..	7
Ear Disease ... ..	13
Nose and Throat Disease ... ..	90
Enlarged Cervical Glands (Non-Tubercular) ... ..	9
Defective Speech ... ..	7
Dental Disease ... ..	11
Heart Disease—Organic ... ..	15
„ „ Functional ... ..	2
Anæmia ... ..	1
Lung Disease (Non-Tubercular) ... ..	14
Tuberculosis—Pulmonary Definite ... ..	33
„ „ Pulmonary Suspected ... ..	16
„ „ Non-Pulmonary ... ..	13
Disease of the Nervous System ... ..	1
Deformities ... ..	14
Other Defects and Diseases ... ..	59
3. Number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footwear) who require to be kept under observation (but not referred for treatment) ... ..	212
4. Number of children in (1) who were referred for treatment (excluding uncleanliness and defective clothing, etc.) ... ..	229
5. Number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) ... ..	203
*** Specials are not included in this table.	

